

ADMINISTRATIVE STAFF CHANGES –HOME HEALTH

When an agency has a change in Administrator, (attachment A), Agency Supervisor, (attachment B) or Supervising Nurse, (attachment C), please submit a Management Status Form **and** the appropriate Qualification Review Form. Remember to include a copy of the employee's current IL license if applicable.

If an agency has a change in Medical Social Worker, please submit the MSW Qualification Review Form (attachment D) and include a copy of the employee's current IL license.

Illinois Department of Public Health
Office of Health Care Facilities & Programs
Central Office Operations Section
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